

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

1 of 22

3 CANDIDATE /
OFFICEHOLDER
NAME

☒ MRS / MR

FIRST

MI

NICKNAME

Robin

LAST

SUFFIX

German-Cuetis

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ Change of Address

P.O. Box 60945 Houston, TX 77205

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 635.5560 / 713.692.8696

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

Deloise

LAST

SUFFIX

Holmes, Jr.

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

2402 Collingsfield Sugarland Texas 77478

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 240.7720

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7 / 25 / 05

THROUGH

Month

Day

Year

9 / 28 / 05

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 8 / 05

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

City Council District B

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

N/A

Address / PO Box Apt. / Suite # City State Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Robin Y. German-Curtis

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 385.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,595.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 3,864.90

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

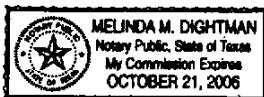
\$ 345.10

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Robin Y. German-Curtis
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robin German-Curtis, this the 10th day of October, 2005, to certify which, witness my hand and seal of office.

Melinda M. Dightman
Signature of officer administering oath

Melinda M. DIGHTMAN
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 5

2 FILER NAME:

Robin Y. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-4-05

5 Full name of contributor

☐ out-of-state PAC (ID#)

Ceaser Moore, Sr.

6 Contributor address; City; State; Zip Code

[REDACTED] Humble, TX 77346

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-21-05

Full name of contributor

☐ out-of-state PAC (ID#)

Amos Brown

Contributor address; City; State; Zip Code

[REDACTED] Houston, TX 77021

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-21-05

Full name of contributor

☐ out-of-state PAC (ID#)

Jacqueline & Ivory Mayhorn

Contributor address; City; State; Zip Code

[REDACTED] Houston, TX 77016

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-24-05

Full name of contributor

☐ out-of-state PAC (ID#)

Sharon & Stewart Jacobson

Contributor address; City; State; Zip Code

[REDACTED] Richmond, TX 77469

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-24-05

Full name of contributor

☐ out-of-state PAC (ID#)

TRE PAC

Contributor address; City; State; Zip Code

[REDACTED] Austin, TX 78701

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 OF 5

2 FILER NAME

Robin Y. Geerman-Curtis

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#)

Michael K. Gibson

6 Contributor address; City; State; Zip Code

8-27-05

[REDACTED] Stafford, Tx. 77477

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Stanford Alexander (Joan)

Contributor address; City; State; Zip Code

8-29-05

[REDACTED] Houston, Tx. 77024

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Patricia Hilliard

Contributor address; City; State; Zip Code

9-1-05

[REDACTED] Houston, Tx. 77045

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Julian & Shaundra Clark

Contributor address; City; State; Zip Code

9-1-05

[REDACTED] Humble, Tx.

Amount of contribution (\$)

\$40.00

In-kind contribution description (if applicable)

Cas

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Melinda Dightman

Contributor address; City; State; Zip Code

9-2-05

[REDACTED] Houston, Tx. 77078

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3 of 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#:

George N. Wyche, Jr.

6 Contributor address; City; State; Zip Code

9-2-05

[REDACTED], Houston, Tx 77036

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Andrea Cooksey

Contributor address; City; State; Zip Code

9-1-05

[REDACTED], Houston, Tx 77050

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Shirley C. Columbus

Contributor address; City; State; Zip Code

9-1-05

[REDACTED], Houston, Tx. 77078

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Linda Lane

Contributor address; City; State; Zip Code

9-1-05

[REDACTED], Houston, Tx. 77050

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Harold & Sean Reed

Contributor address; City; State; Zip Code

9-1-05

[REDACTED], Houston, Tx. 77016

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 OF 5

2 FILER NAME

ROBIN Y. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jacqueline R. Cooper

6 Contributor address; City; State; Zip Code

9-6-05

[REDACTED] Houston, Tx.

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Burnadette Scott

Contributor address; City; State; Zip Code

9-3-05

[REDACTED] Houston, Tx. 77016

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Michael K. Gibson

Contributor address; City; State; Zip Code

9-2-05

[REDACTED] Stafford, Tx. 77477

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Eula L. Myles

Contributor address; City; State; Zip Code

9-3-05

[REDACTED] Houston, Tx. 77016

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Percy L. German

Contributor address; City; State; Zip Code

9-15-05

[REDACTED] Houston, Tx. 77078

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

5 OF 5

2 FILER NAME

Robin Y. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

Huey German

6 Contributor address; City; State; Zip Code

9-15-05

[REDACTED], Houston, Tx. 77078

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Thistle R. Gibson

Contributor address; City; State; Zip Code

9-20-05

[REDACTED], Houston, Tx. 77081

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Andrea Cooksey

Contributor address; City; State; Zip Code

9-25-05

[REDACTED], Houston, Tx. 77056

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

Not Applicable 1 of 1

2 FILER NAME

Robin Y. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

6 Is lender a
financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none15 GUARANTOR
INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:

Loan Amount (\$)

Is lender a
financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 10

2 FILER NAME

Robin Y. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

Wells Fargo Bank

6 Payee address; City; State; Zip Code

8-16-05 3601 Eastex Freeway Houston, Tx. 77026

\$32.45

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Campaign Checks

Date

Payee name

Amount (\$)

U.S. Post Office

Payee address; City; State; Zip Code

7-31-05 AMC Station A. Houston, Tx. 77205

\$36.00

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

P.O. Box Fee

Date

Payee name

Amount (\$)

Office Depot

Payee address; City; State; Zip Code

8-2-05 10311 Hwy. 45 North, Houston, Tx. 77037

\$67.84

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Campaign Office Supplies

Date

Payee name

Amount (\$)

Office of Beverly B. Kaufman

Payee address; City; State; Zip Code

8-9-05 Harris County Clerk - 101 Preston, Houston, Tx. 77002

\$34.10

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Election INFO

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 OF 10

2 FILER NAME

Robin Y. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

The Home Depot

6 Payee address; City; State; Zip Code

8-10-05 10600 Eastex Houston, Tx, 77093

\$12.19

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Sign supplies

Date

Payee name

Amount
(\$)

U.S. Post Office

Payee address; City; State; Zip Code

8-11-05 Amc Station A Houston, Tx. 77205

\$7.40

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

campaign postage

Date

Payee name

Amount
(\$)

City of Houston - P E D

Payee address; City; State; Zip Code

8-17-05 611 Walker St., Houston, Tx. 77002

\$20.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

City Maps B

Date

Payee name

Amount
(\$)

Office Max

Payee address; City; State; Zip Code

8-19-05 20412 U.S.A. Hwy. 59 N. Humble, Tx. 77338

\$17.85

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Campaign T-Shirts, supplies

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 OF 10

2 FILER NAME

Robin V. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

Hobby-Lobby

6 Payee address; City; State; Zip Code

8-19-05 20325 Hwy. 59 N. Humble, Tx. 77338

\$19.63

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Campaign Supplies

Date

Payee name

Amount
(\$)

Street Media

Payee address; City; State; Zip Code

8-22-05 10101 Fondren, Houston, Tx. 77096

\$255.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Campaign printing

Date

Payee name

Amount
(\$)

IHOP

Payee address; City; State; Zip Code

8-20-05 15 E. Crosstimbers Houston, Tx. 77022

\$17.45

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Volunteer Breakfast Meeting

Date

Payee name

Amount
(\$)

Jack's Real Estate

Payee address; City; State; Zip Code

8-26- 3811C Tidwell, Houston, Tx. 77016

\$350.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Campaign Office Rent

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 OF 10

2 FILER NAME

Robin Y. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

Office Depot

6 Payee address; City; State; Zip Code

8-26-05

122 East Fm 1960 Humble, Tx. 77338

\$71.40

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Campaign office Supplies

Date

Payee name

Amount
(\$)

Wells Fargo Bank

Payee address; City; State; Zip Code

8-16-05

3601 Eastex Frwy, Houston, TX 77026

\$10.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Bank Acct. Fee

Date

Payee name

Amount
(\$)

Home Depot

Payee address; City; State; Zip Code

8-27-05

10600 Eastex Freeway Houston, TX 77093

\$89.92

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Campaign sign supplies

Date

Payee name

Amount
(\$)

U.S. Post Office

Payee address; City; State; Zip Code

8-26-05

Aml Station, Houston, TX 77205

\$7.40

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Campaign postage

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Robin V. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

5 OF 10

4 Date

5 Payee name

7 Amount (\$)

U.S. Post Office

6 Payee address; City; State; Zip Code

8-29-05 Amc Station A Houston, Tx 77205

\$115.00

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Campaign postage

Date

Payee name

Amount (\$)

Free Webs Domains.com

Payee address; City; State; Zip Code

8-17-05

\$20.20

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Campaign website

Date

Payee name

Amount (\$)

Kroger

Payee address; City; State; Zip Code

8-31-05

20 W. Greens Rd, Houston, Tx. 77060

\$22.12

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Campaign office cleaning Supplies

Date

Payee name

Amount (\$)

Tiffany Curtis

Payee address; City; State; Zip Code

8-22-05

9518 Balsam Houston, Tx. 77078

\$19.63

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Campaign kick-off supplies

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6 OF 10

2 FILER NAME

Robin V. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

Reliant Energy - H.L.P.

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Utility - Bill Campaign Office

Date

Payee name

Amount (\$)

North East News

Payee address; City; State; Zip Code

9-8-05 5906 Star Lane, Houston, Tx. 77057

\$255.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Campaign Advertising

Date

Payee name

Amount (\$)

Office Depot

Payee address; City; State; Zip Code

8-29-05 10311 Hwy. 45 North Houston Tx. 77037

\$148.43

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Campaign Office supplies

Date

Payee name

Amount (\$)

Airport Inn & Suites

Payee address; City; State; Zip Code

9-1-05 702 N. Sam Houston, Houston, Tx. 77060

\$100.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Campaign Kickoff Room Rental

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7 OF 10

2 FILER NAME

Robin Y. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

Copyright Imprints Screen Printing

6 Payee address; City; State; Zip Code

9-1-03

4350 Town Plaza #209 Houston, Tx. 77045

\$364.50

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

T-Shirts

Date

Payee name

Amount
(\$)

Archintity

Payee address; City; State; Zip Code

9-1-05

3414 Red Cedar Bend, Baytown, Tx. 77521

\$45.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Houston Sign Co, Inc.

Payee address; City; State; Zip Code

9-1-05

5801 Chimney Rock, Houston, Tx. 77051

\$259.72

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Campaign signs

Date

Payee name

Amount
(\$)

Acres Homes Citizens Chamber of Commerce

Payee address; City; State; Zip Code

9-1-05

6130 Wheatley, Houston, Tx. 77051

\$25.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8 OF 10

2 FILER NAME

Robin Y. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

Robin German-Curtis

6 Payee address; City; State; Zip Code

9-7-05

9518 Balsam Houston, Tx. 77078

\$500.00

8 Purpose of payment (See instructions regarding type of information required.)

City Filing Fee-Reimbursement

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Patrick Daniels

Payee address; City; State; Zip Code

9-1-05

200 Dominion Park, Houston, Tx. 77060

\$100.00

Purpose of payment (See instructions regarding type of information required.)

website development

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Roderick Davenport

Payee address; City; State; Zip Code

9-6-05

9334 Camar Houston, Tx. 77016

\$125.00

Purpose of payment (See instructions regarding type of information required.)

Campaign event-entertainment

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Party City

Payee address; City; State; Zip Code

9-2-05

19739 Hwy 59 Humble, Tx. 77338

\$30.19

Purpose of payment (See instructions regarding type of information required.)

Campaign kick-off supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9 OF 10

2 FILER NAME

ROBINY GERMAN-CURTIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

TIFFANY CURTIS

6 Payee address; City; State; Zip Code

9-2-05

4518 Balsam Houston, Tx. 77078

\$150.00

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Campaign Kickoff Food

Date

Payee name

Amount (\$)

U. S. Post Office

Payee address; City; State; Zip Code

9-26-05

A MC Station A Houston, Tx. 77005

\$7.40

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Campaign Postage

Date

Payee name

Amount (\$)

U. S. Post Office

Payee address; City; State; Zip Code

9-12-05

Amc Station A Houston, Tx. 77205

\$115.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Campaign Postage

Date

Payee name

Amount (\$)

KROGER

Payee address; City; State; Zip Code

9-12-05

20 W. Greens Rd. Houston, Tx. 77060

\$52.08

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Campaign Volunteer Food

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

10 OF 10

2 FILER NAME

Robin Y. German-Curtis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

Jack's Real Estate

6 Payee address; City; State; Zip Code

8-24-05

3811 C. Tidwell, Houston, Tx, 77093

\$350.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Office Rent

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

*Not Applicable***1** Total pages Schedule H:*1 OF 1***2** FILER NAME*Robin Y. German-Curtis***3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name**7** Amount
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

SCHEDULE I

1 of

Robyn V. German-Curtis Not Applicable

3 ACCOUNT # (Ethics Commission filers)

4	Date	5	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	8	Amount (\$)
	Date		Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)		Amount (\$)
	Date		Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)		Amount (\$)
	Date		Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)		Amount (\$)
	Date		Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)		Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

10F1

2 FILER NAME

Robin Y. German-Curtis- Not Applicable

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

*Not Applicable***1 C/OH NAME***Robin Y. German-Curtis***2 ACCOUNT # (Ethics Commission filers)****3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.**B. ASSETS**

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204._____
Signature of Candidate**5 OFFICEHOLDER**

-- Complete this section only if you are an officeholder --

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions._____
Signature of Officeholder